

Republic of the Philippines SOCIAL SECURITY SYSTEM MEDICAL CERTIFICATE

Please read the instructions below before filling out this form. Use black ink PART I. TO BE FILLED OUT BY MEMBER SS NUMBER O (4) 5 8 7 1 4 7 9 4 PART II. TO BE FILLED OUT BY MEMBER PART II. TO BE FILLED OUT BY MEMBER PART II. TO BE FILLED OUT BY MEMBER PART II. TO BE FILLED OUT BY ATTENDING PHYSICIAN A ILLNESS/INJURY DETAILS DIAGNOSIS () HOQUIR CICLOSOFION OF (2) UIP O MOTION MONTH OF PROJECT (2) MOTION MONTH OF PROJECT (3) MOTION MONTH OF PRESENTULINESS/INJURY USUCULOR HOOOM (NOUND IS, 2014) PERTINENT PHYSICAL EXAMINATION FINDINGS MULTIPLE GUYNOL INJURY CAPANIFE DIAGNOSTIC/LABORATORY PROCEDURE/S DONE, IF ANY (Indicate date test/s was/were done)	ONLY GOODLE NAVE) (SIFF A)
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HOME HOSPITAL COTOMON DOCK ! HOSPITAL INC.	
(Ivaline and Address of Huspital)	
Still confined Already discharged	02051024
C. CERTIFICATION	
l certify to the following: That I have seen and examined the above-named patient That the information in this form are true and correct That the illness/injury ☐ (For Disability) is permanent in nature. ☐ (For Sickness) confinement including recuperation period may last ☐ (for of doys)	
This certificate is issued for whatever purpose it may serve with regards to the SSS medical claim b	y the patient.
SGNATURE OF ATTENDING PHYSICIAN DATE A	ACCOMPLISHED
0128843 Mesical, Gilbert 1 O.	DDLE NAME) (SUFFIX)
LINIC/HOSPITAL ADDRESS (RM/FLRUNIT NO. & BLOG NAME). (HOUSELOT & BLC NO) (GTREET NAME)	TELEPHONE/MOBILE NUMBER
(SUBDIVISION) (BARANGAY/DISTRICT/LOCALTY) (CITY/MUNICIPALITY) (PR	OVINCE) POSTAL CODE

INSTRUCTIONS

- The member's attending physician shall accomplish this form in one (1) copy.
 Fill-out and check all applicable items.
 PRC number is not required for physician practicing abroad.



Catarman Decirer Hospital

SADJOSTAN OROTORS SUCEPITAL SEA

MEDICAL ABSTRACT | DISCHARGE SUMMARY

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Catarman Doctors Hospital Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

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Assistant 2:
Scrub Nurse:
Anesthesiologist.
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Skin Preparation: Polar Polar Position on OR Table: Support
. Alling State Co Landy
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Specimen Type:
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Venoclysis: R:
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SURGICAL TECHNIQUE

Pre-Operative Diagnosis: Choose Graching	modic I malleaur (2) d dra 4th 5th melacurpou (2)
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Procedure folerated	Surgeon's Signature LC. NO. 0128343



Catarman Doctors Hospital Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

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Name: 0187, JUDE MICHAEL Ward / Room: NG / DB Bed:
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ASSISIAIL 4.
Scrub Nurse: O. MARKINS Circulating Nurse: N. RIVE MA
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Date of Operation: 2(1)4 Placenta Out: Placenta Out:
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Specimen Type:
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Venoclysis: R: L: PNS DDIC X DOSPHY
Blood Transfusion: R:
Catheters: Drains:
Catheters: For Cha
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SURGICAL TECHNIQUE

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Catarman Doctors Hospital Brgy. Bangkerohan, Catarman, N. Samar

SURGICAL RECORD

Name: Digt, Jude Michael	Ward / Room: 1162 / 208Bed:
Hospital No: Age: 20 Sex: M Civil S	Status: M Citizenship:
Surgeon: Oc. Figurity	sistant 1: 6. Mendador
Δς	esistant 2.
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Scrub Nurse: 7 D. Daven O	Circulating iverse. (* 10010100110
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Anesthesiologist: Or Capawing	Anesthetic: <u>General</u>
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Date of Operation: \\\O\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	tarted: 9:30pm Time Ended: 1011
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SURGICAL TECHNIQUE Pre-Operative Diagnosis: ____ASM Post-Operative Diagnosis: Operation Performed: